Medical Records *in* Combat & Contingency Operations

Patient Administration Branch
USAMEDD Center and School

Terminal Learning Objective

- Discuss medical record administration and health care document management in combat and contingency operations during pre-deployment, deployment and post deployment.

*Management includes creation, maintenance, and disposition of documents

Enabling Learning Objectives

A. Identify the US Army policies regarding medical records ownership and custody IAW AR 40-66.

B. Identify the pre-deployment record management process and the management of DA Form 2766 (Adult Preventive and Chronic Care Flowsheet) and DA Form 2975 (Pre-deployment Health Assessment)

C. Identify the Deployment record management of DA Form 2766; Field Files, and Drop Files.

Enabling Learning Objectives
Continued

D. Identify the deployment management process of Inpatient Treatment Records, *during,* and *after* combat and contingency operations.

E. Identify the management process of DD Form 1380 (US Field Medical Card) during combat and contingency operations.

F. Identify the deployment record management process for patient transfers, loose documentation, Deaths and Detainees

G. Identify the post deployment record management process

Agenda

- Ownership & Custody
- Documents of Concern
- Pre-Deployment Record Management
- Deployment Record Management
- Post Deployment Record Management

Ownership & Custody

- Army medical records are the property of the Government
  - AR 40-66, para 1-5.a.
- [Health Records] or [Civilian Employee Medical Records] of deployed individuals will **not** accompany them to combat areas
  - AR 40-66, para 5-32.a.

Documents of Concern

- Health Record (HREC)
- Civilian Employee Medical Record (CEMR)
- Temporary Records (Field and Drop Files)
- Inpatient Treatment Record (ITR)
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)
  - DD Form 2766C (Adult Preventive and Chronic Care Flowsheet – Continuation Sheet)
- DD Form 2795 (Pre-Deployment Health Assessment)
- DD Form 1380 (US Field Medical Card)

Documents of Concern
Continued

- DD Form 2796 (Post-Deployment Health Assessment)
- DD Form 2844 (TEST) (Medical Record – Post Deployment Medical Assessment)
- SF 558 (Medical Record-Emergency Care and Treatment)
- SF 600 (Chronological Record of Medical Care)
- SF 603 (Health Record-Dental)
  - SF 603A (Health Record-Dental Continuation)

Pre-Deployment Record Management

Pre-Deployment
Good Practice

- **Know** the current health care documentation and information management policies and procedures
  - Read ARs 40-66 and 40-400 as well as OPLANs, OPORDs and TSOPs
  - Be familiar with AR 25-400-2, AR 40-68, FM 8-10-6 and applicable foreign agreements
  - Check with:
    - OTSG, Directorate of Health Policy and Services (Ms. Teresa Foley)
    - DENCOM
    - MEDCOM, Patient Administration Office
    - PASBA
    - PAB, AMEDDC&S

Pre-Deployment
Good Practice

- Develop and Prepare pre-deployment package(s)
  - Information on casualty, medical board and LOD processing
  - Medical regulating information
  - Reporting requirements
    - WWR information
  - Information Management Systems information
    - Electronic and manual
  - Required and recommended forms
    - Management and disposition policy

Pre-Deployment
Soldier Readiness Program (SRP)

- Ensures maintenance of individual preparedness for deployment IAW AR 600-8-101

Medical
- Immunizations
- HIV
- Profiles
- Physical, Eye and Hearing
- DNA Testing

Dental
- Panagraph X-ray
- Readiness Classification

Other Areas
- Finance
- Legal
- Personnel

Pre-Deployment
DD Form 2766

- Replaced service-specific patient problem list for AD and non-AD adult beneficiaries
- Consolidates information:
  - DA Form 5571 (Master Problem List)
  - DA Form 8007 (Individual Medical History)
  - SF 601 (Health Record-Immunization Record)
- Gives providers in the field more information to:
  - Streamline care
  - Assure continuity of care
  - Track clinical preventive services

Pre-Deployment
DD Form 2766, *Continued*

- Prior to Deployment Notification
  - Initiated and maintained in HREC
  - Updated upon arrival to new duty station
- Upon Notification of Deployment
  - MTF & DTF will audit soldier's HREC/CEMR and record essential information on Form
  - If HREC is not available use interviews and locally available data to complete Form
  - A **copy** of completed Form is placed in HREC

Pre-Deployment
DD Form 2795

- Completed upon notification of deployment
  - Form completed by individual, administrator & provider
  - A **copy** of Form is placed in DD Form 2766
  - Original Form stays in HREC or CEMR
  - Another copy of Form is sent to Army Medical Surveillance Activity IAW para 5-32, AR 40-66
- For **classified** operations
  - Form maintained in personnel folder **only**

Deployment Record Management

Deployment
DD Form 2766

- Upon deployment
  - Copy of DD Form 2795 is place in Form
  - Original Form will be provided to individual's command for custody
  - The individual's command is responsible for ensuring records are routed to destination
  - Command provides Form to supporting medical element in AO
  - If 'individual replacement', then Form is given to individual to carry to command or MTF in AO

Remember 1st Rule: **HREC does NOT deploy**

Deployment
Field File

- A Field File will be maintained on each deployed individual by servicing medical element
  - Again, the individual's command is responsible for ensuring records are routed to destination
- The File serves as an "health/outpatient treatment record"
- As a minimum, the File will consist of:
  - DD Form 2766/2766C
  - DD Form 2795 (Copy)
  - DD 1380s
  - SF 558s
  - SF 600s
  - SF 603/603A

Deployment
Field File, *Continued*

- If individual's servicing medical element changes, the File must be moved to the new servicing medical element
- If individual is admitted to an MTF:
  - File will be forwarded to MTF
  - Upon RTD discharge, the MTF will ensure File is returned to individual's servicing medical element
- Field Files, DD Form 2766s and Drop Files are <u>not</u> retired from a deployed area, the original documentation must be redeployed with the soldier or patient and integrated into the HREC/CMR

Deployment
"Drop" File

- A temporary "health record"
- May be created and used when an individual's Field File (DD Form 2766) is not available
- Integrated into individual's Field File as soon as possible

Deployment
ITR

- Created upon an individual's admission to an MTF
  - Use DD Form 3444-series folders
  - Prepared & managed IAW AR 40-66 (Same as TDA MTFs)
- Created for all DOAs (considered CRO) brought to the facility
  - Including death occurring in the EMT/ER (CRO)

Deployment
ITR Closeout

- Upon completion of inpatient care:
  - All documents must be fully completed and signed as appropriate
  - Records must be coded (currently, records are coded at PASBA)
- A DA Form 3647 (In Patient Treatment Cover Sheet [ITCS)]) must be completed and forwarded to PASBA
- All laboratory/radiological Reports must be included in record
- Medical Summary or WWR information needs to be captured

Deployment
Disposition of ITRs

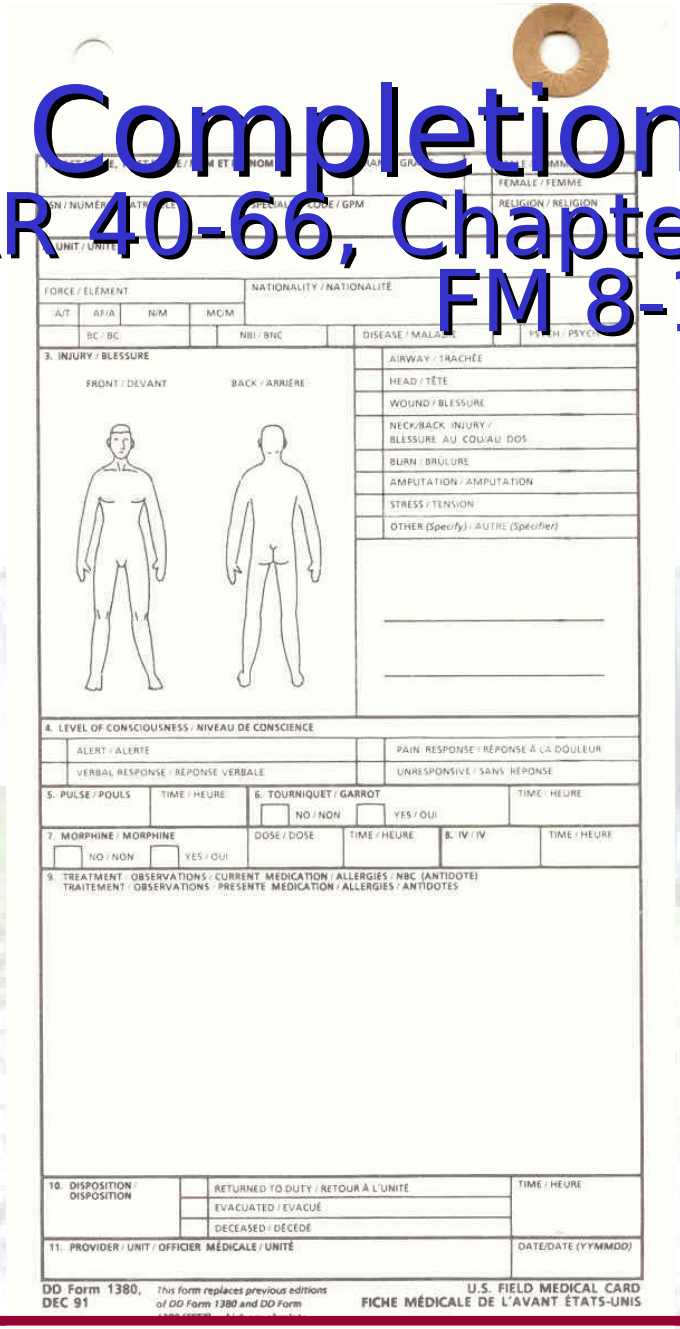
- ITRs are required to be retired **every 90 days** after discharge from a deployed OCONUS MTF
- They are to be sent to PASBA
  - Not to any Overseas Records Holding Areas
- Must submit a completed SF 135 (Record Transmittal and Receipt) for each ‘set’ to be retired

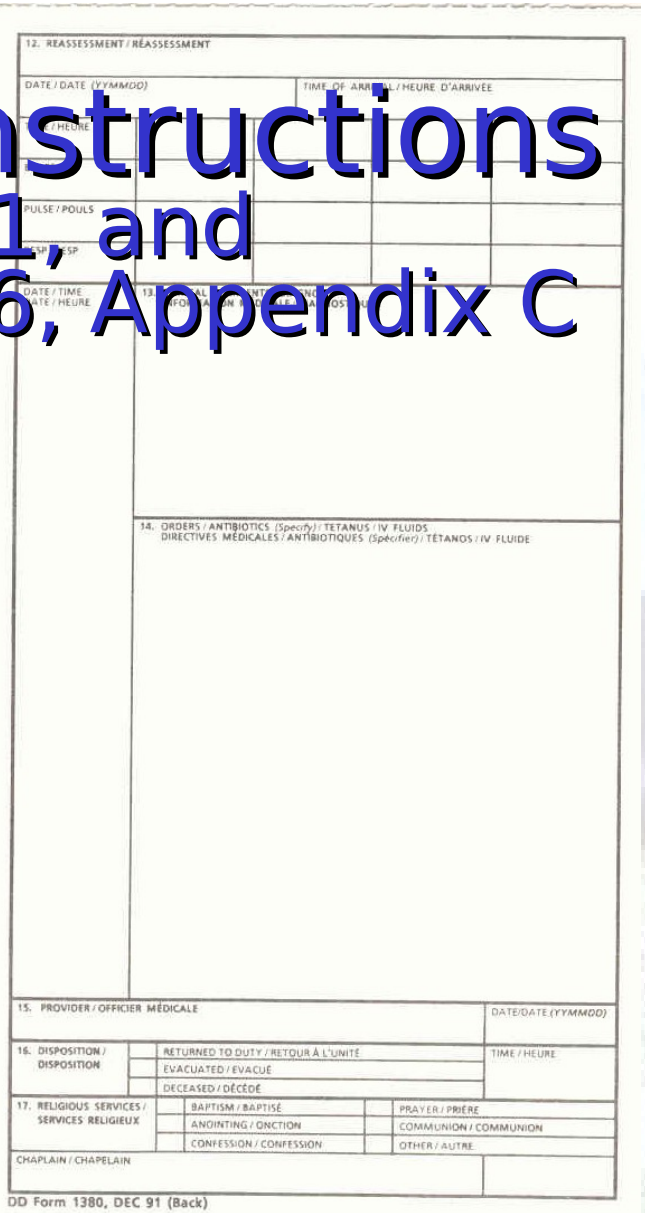
Deployment
DD Form 1380

- US Department of Defense form used primarily in the field to record:
  - Basic patient identification data
  - Describe the problem requiring medical attention
  - Describe the care provided
  - An outpatient visit when the HREC, OTR or Field File is not readily available
  - Carded for record only cases
  - Used to initiate ITR on patient admitted to an MTF

Completion Instructions

AR 40-66, Chapter 11, and FM 8-10-6, Appendix C


3. INJURY / BLESSURE
FRONT / DEVANT
BACK / ARRIÈRE
AIRWAY / TRACHÉE
HEAD / TÊTE
WOUND / BLESSURE
NECK/BACK INJURY / BLESSURE AU COU/AU DOS
BURN / BRÛLURE
AMPUTATION / AMPUTATION
STRESS / TENSION
OTHER (Specify) / AUTRE (Spécifier)
4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE
ALERT / ALERTE
VERBAL RESPONSE / RÉPONSE VERBALE
PAIN RESPONSE / RÉPONSE À LA DOULEUR
UNRESPONSIVE / SANS RÉPONSE
5. PULSE / POULS
TIME / HEURE
6. TOURNIQUET / GARROT
NO / NON
YES / OUI
7. MORPHINE / MORPHINE
DOSE / DOSE
8. IV / IV
9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES
10. DISPOSITION / DISPOSITION
RETURNED TO DUTY / RETOUR À L'UNITÉ
EVACUATED / ÉVACUÉ
DECEASED / DÉCÉDÉ
11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ
DATE/DATE (YYMMDD)
DD Form 1380, DEC 91
This form replaces previous editions of DD Form 1380 and DD Form
U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS


12. REASSESSMENT / RÉASSESSMENT
DATE / DATE (YYMMDD)
TIME OF ARRIVAL / HEURE D'ARRIVÉE
PULSE / POULS
14. ORDERS / ANTIBIOTICS (Specify) / TETANUS / IV FLUIDS
DIRECTIVES MÉDICALES / ANTIBIOTIQUES (Spécifier) / TÉTANOS / IV FLUIDE
15. PROVIDER / OFFICIER MÉDICALE
DATE/DATE (YYMMDD)
16. DISPOSITION / DISPOSITION
RETURNED TO DUTY / RETOUR À L'UNITÉ
EVACUATED / EVACUÉ
DECEASED / DÉCÉDÉ
TIME / HEURE
17. RELIGIOUS SERVICES / SERVICES RELIGIEUX
BAPTISM / BAPTISÉ
ANOINTING / ONCTION
CONFESSION / CONFESSION
PRAYER / PRIÈRE
COMMUNION / COMMUNION
OTHER / AUTRE
CHAPLAIN / CHAPELAIN
DD Form 1380, DEC 91 (Back)

Deployment
DD Form 1380, *Continued*

- Preparation IAW AR 40-66 & FM 8-10-6
  - Filled in by health care provider
    - Physician
    - Nurse
    - Dentist
    - 91W
  - Completed or completion supervised by physician; or
  - If initiated by 91W, the supervising AMEDD officer will complete and sign
- If placed in a medical record of any type, mount the form to an SF 600

Deployment
DD Form 1380, *Continued*

- DA Form 4006 (Field Medical Record Jacket)
  - Used as an envelope for FMC
  - Jacket should not be opened when patient is in transit
  - Patient personnel and medical data may be recorded on the outside of jacket
  - Jacket must become part of ITR if patient medical information is written on it

Deployment
Disposition of DD Form 1380

- Disposition of Form IAW AR 25-400-2, AR 40-66, and FM 8-10-6 (Appendix C)
- For CRO cases, patients never admitted or disposition from MTF to other than another MTF/hospital
  - Forward to medical command and control headquarters or surgeon's office
    - TSOP should indicate process/procedure
  - Coded
  - Forwarded to individuals record, appropriate official personnel file or records retirement center IAW para 11-4, AR 40-66

Deployment
Disposition of DD Form 1380, *Continued*

- Evacuation/Transfer of Inpatients
  - Original will be attached to patient's clothing and accompany the patient to the final destination
  - May be used to record treatment administered en route
- Admission of Evacuated/Transfer Patient
  - Original used to prepare ITR
  - Mounted on SF 600
  - SF 600 and FMC become part of ITR

Deployment
Disposition of DD Form 1380, *Continued*

- Death of an inpatient or casualty who dies after treatment but en route to an MTF
  - Original copy will remain attached to the body
  - Original copy will be removed at the place of internment (burial)
- Carbon or Duplicate copies
  - Will be temporarily retained by medic or MTF as needed or per SOP
  - Will be disposed of IAW AR 25-400-2

Deployment
Patient Transfers and Evacuation

- Forward Surgical Teams (LIIb) will follow the same procedures as LIII MTFs when transferring patients to a higher level of care or returning to duty.
- Copies of the complete inpatient record or EAR should accompany patients to another LIII or LIV MTF. The original record should remain with the originating LIII MTF for final disposition.

Deployment
Patient Transfers and Evacuation, *Continued*

- If copying the entire inpatient record is not feasible, the minimum documentation necessary includes:
  - Trauma Record
  - Narrative Summary
  - Operative Reports
  - X-rays
- If copying capability is not available, the original inpatient record will accompany the patient and is incorporated into the ITR of the gaining MTF. The initiating MTF will create a memorandum for record documenting the missing records for accountability
- Outpatient documentation- All original outpatient documentation will accompany patients transferred

Deployment
Deaths

- The original inpatient record, hospital report of death, death certificate and all personal effects will accompany the remains of U.S. military, federal employees, federal contractors, and other appropriate categories of personnel whose remains would be dispositioned to CONUS for autopsy.

Deployment
Deaths, *Continued*

- If copying capability is limited or unavailable,
  - The LIII MTF should forward original record
  - Retain a memorandum of record reflecting patient demographics and date documentation was forwarded
  - Retain a written copy of the hospital report of death and death certificate.

Deployment
Disposition of Loose Documents

- Original, loose outpatient documentation remaining with LIII MTF and the patients' units have redeployed, or the LIII MTF is pending re-deployment, forward to appropriate installation MTF

Deployment
Detainee Medical Records Management

- Detainee records are maintained at the same standard as AD
- DA Form 3444-2 (Treatment Record) should be used to document in and outpatient care on Detainees, Prisoners of War, and Civilian Internees
- The Internment Serial Number (ISN) or capture tag number will serve as the unique identifier (SSN). A pseudo SSN will be issued to detainees arriving at medical units lacking an ISN or capture tag.

Deployment
Detainee Medical Records Management, Continued

- All detainees must receive a medical screening to document pre-confinement conditions
- Medical Screening documentation will be filed in the in/outpatient treatment record
- LIII MTFs designated to provide inpatient and outpatient support to detention facilities are responsible for initiating and maintaining detainee medical records
- Unit Transition: Upon the transition of authority of the treatment units providing direct health care support to the detention facility, the original outpatient records must be transferred to the replacing unit for continued care of detainees who remain in detention

Deployment
Detainee Medical Records Management, Continued

- Detainee outpatient treatment records:
  - LII and LIII combat health support units providing outpatient services will establish and document entries into detainee and EPW medical records to the same standard as US Forces
  - Detention facilities with organic outpatient treatment capability will maintain outpatient treatment records on every patient treated. Specialty consultation support provided by LIII MTFs must be documented and the original documentation forwarded to the detention facilities' supporting CHS unit
  - Detainees transferred from LI and LII treatment units must have all original medical documentation: SF 600, 558, or DD1380

Deployment
Detainee Medical Records Management, Continued

- Disposition of Detainee Outpatient Records/Documentation:
  - Upon release from detention, former detainees can be provided a sanitized copy of the outpatient treatment record
  - The sanitized record will be de-identified of all US military unit designation, health care provider, other medical personnel information and any information considered operationally sensitive
  - Local theater policy will govern the manner in which sanitized copies are provided to released detainees

Deployment
Detainee Medical Records Management, Continued

- The original outpatient treatment record of detainees released from detention and detainees whose records have been closed due to other reasons will be processed and retired according to the dispositions contained in the 190-8 record series of AR 25-400-2.
- Records should be shipped by certified traceable mail to the following address:

Washington National Records Center

4205 Suitland Road

Suitland, MD 20746-8001

Deployment
Detainee Medical Records Management, Continued

- **Detainee Inpatient Treatment Records:**
  - Inpatient records will be created on all detainees admitted to Army MTFs, to include those DOA and patients classified as CRO due to death in the EMT/ER prior to admission
  - LIII treatment units will follow the same procedures specified in AR 40-66 regarding record storage and maintenance and management.
  - Providers will document entries into detainee and EPW medical records at the same standard as US Forces.
  - Detainees transferred from LIIb to LIII treatment units must have a complete copy of the Extended Ambulatory Record (EAR)

Deployment
Detainee Medical Records Management, Continued

- Release of Medical Information of Detainees
  - HIPAA does not apply to the medical records of detainees and EPWs
  - Due to responsibilities of the detention facility chain of command regarding the care and treatment of detainees/EPWs, they are entitled to medical information.
  - Releasable medical information includes that which is necessary to supervise the general state of health and cleanliness of detainees and EPWs, to detect contagious diseases, and formal investigations

Deployment
Detainee Medical Records Management, Continued

- Detainee Deaths
  - Attending medical officer immediately furnishes the following information:
    - Full name of the deceased, ISN, date, place and cause of death
    - Statement that death was or was not, caused by deceased's own misconduct
  - When the cause of death is determined, the attending will complete DA Form 2064 (Overseas Certificate of Death)
  - Commander reports death to responsible Army, Navy, or Air Force investigative agency
  - Armed Forces Medical Examiner determines whether or not an autopsy will be performed

Deployment
Detainee Medical Records Management, Continued

- **Disposition of Detainee Inpatient Treatment Records**
  - The original ITR remains the property of the US Government, but detainees and EPWs can be provided sanitized copies of their medical records upon release.
  - The sanitized record will be de-identified of all US military unit designation, health care provider, other medical personnel information and any information considered operationally sensitive
  - Local theater policy will govern the manner in which sanitized copies are provided to released detainees

Deployment
Detainee Medical Records Management, *Continued*

- Original detainee ITRs will be prepared for retirement IAW AR 25-400-2, with an electronic file containing a list of all records and a paper inventory of records in each shipment box, and shipped to PASBA by certified traceable mail.
- Detainee ITRs generated by LIII MTFs will be mailed to PASBA at the following address prior to the unit transition of authority:

  DIRECTOR PASBA, ATTN MCHS ISD
  1216 STANLEY ROAD, STE 25, BLDG 126
  FT SAM HOUSTON, TX 78234-5053

Post Deployment Record Management

Post-Deployment
DD Form 2796

- Completed upon notification of re-deployment
  - Must be completed prior to departure of AO
    - Completed by individual, administrator and provider
    - Original From placed in DD Form 2766
  - If not completed prior to departure, unit commander will ensure it is completed w/n 30 days of return
    - RC personnel must complete before release from AD
    - Submitted to local MTF commander
    - Original Form placed in HREC or CEMR

Post-Deployment
DD Form 2796, *Continued*

- Copy of Form is sent to Army Medical Surveillance Activity IAW para 5-35, AR 40-66

- For **classified** operations
  - Form maintained in personnel folder **only**

Post-Deployment
DD Form 2844

- Used when evaluating a patient with post-deployment health concerns after screening of the DD Form 2796, or when the patient is self-referred
  - Documents the assessment, management and treatment of patients with deployment related health concerns
  - May be used in lieu of the SF 600 to document outpatient treatment only for patients with health concerns that may be deployment related

Post-Deployment
DD Form 2844, *Continued*

- Patient Questionnaires
  - Used to evaluate common mental health disorders and stressors
  - The Post Deployment Clinical Practice Guideline (www.pdhealth.mil) contains questionnaires that may be used in conjunction with the Form
- Will be filed, along with any associated patient questionnaires, in the HREC with the SF 600 in reverse chronological order

Post Deployment
Field File/DD Form 2766

- Units must ensure Field Files are retrieved from supporting medical unit and returned to where individual's HREC is located
  - Ensures medical information is a permanent record
- Incorporate into soldiers' HREC or CEMR
  - Forms will be removed from DD Form 2766 and integrated into HREC or CEMR
  - Copies of DD Form 2766 and DD Form 2795 will be removed from HREC/CEMR and shredded
- Forward to HRC-St Louis for those whose records are maintained at HRC-St Louis

Questions

Summary

- Ownership & Custody
- Documents of Concern
- Pre-Deployment Record Management
- Deployment Record Management
- Post Deployment Record Management
- TLO and ELOs

References
Publications

- AR 25-400-2 (The Army Records Information Management System (ARIMS))
- AR 40-66 (Medical Record Administration and Health Care Documentation)
- AR 40-400 (Patient Administration)
- AR 600-8-101 (Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment Processing)
- FM 8-10-6 (Appendix C) (Medical Evacuation in a Theater of Operations, Tactics, Techniques, and Procedures

References
Sources

- OTSG, Directorate of Health Policy and Services
- DENCOM (www.dencom.army.mil)
- PASBA (www.pasba.amedd.army.mil)
- MEDCOM, Patient Administration Office (www.pad.amedd.army.mil)
- PAB, AMEDDC&S